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Abulcation or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD 9/053237 ACF													
	Effective November 10, 1998												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						;	SMALI TYPE	LENTITY	OR	OTHER SMALL			
FOR						NUMBER EXTRA			RATE	FEE	1 1	RATE	FEE
BASIC FEE										380.00	OR		760.00
			72-8	6 minus	20= * 14			3	X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS								+					
			3 / 70 11111033 -					X39=			OR	X78=	252
MULTIPLE DEPENDENT CLAIM PRESENT						+130=			OR	+260=			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			TOTAL	PAIL
	CLAIMS AS AMENDED - PART II								OTHER T				
			umn 1)	Particular to the par		olumn 2) IIGHEST	(Column 3)		SMALL	ENTITY	OR I I	SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*		Minus,	***		=		X39=	1	OR	X78=	
Ā	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM	1	-	, , , ,	1		.060	
								L	+130= TOTA		OR	+260=	
								AD	DIT. FE		OR	ADDIT. FEE	
			umn 1) AIMS	Andrewski Mark	_	olumn 2)	(Column 3)	_		T 1001			ADDI
MENT B		REM Al	IAINING FTER NDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMI	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AMEND	Independent	*		Minus	***		=		X39=		OR	X78=	
٧	FIRST PRESENTATION OF MULTIPLE DEPEND				PEND	ENT CLAIM			+130=			+260=	·
								L	+ IOU=		OR	TOTAL	
								AD	DIT. FE		OR	ADDIT. FEE	
			umn 1) _ .AIMS	I AND		olumn 2) HIGHEST	(Column 3)			T			4001
ENT C		REM Al	IAINING FTER NDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE	1,	RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*		Minus	**		= .		X\$ 9=		OR	X\$1Š=	
	Independent	*		Minus	***		5		X39=		OR	X78=	
٧	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DE	PEND	ENT CLAIM		-		1			
		mn d In I	loog shop st	na antre la sole	iwo a	write "N" in ~	lumn 3	Ŀ	+130=		OR	+260=	
the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FFF ADDIT FFF													
	***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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	PATELIT	* * * *	· ^ ^ ~				Application or Docket Number						
	PATENI,	APPLI		ON FEE Dective Octol		)RD		053237	· 				
			(0	AS FILED - (Column 1)	PAR	(Col	olumn 2)		ALL PE	ENTITY	OR		R THAN L ENTITY
FOF			NUMBI	BER FILED		NUMBER	EXTRA	RATE	E	FEE	1	RATE	FEE
BAS	SIC FEE			3						395.00	OR		790.00
	TAL CLAIMS		16		ıs 20 =	· /		x\$11	=		OR	x\$22=	1
	EPENDENT CL		2	mint	nus 3 =	• 1		x41=			OR	x82=	-
MUL	LTIPLE DEPEND	DENT CL/	AIM PRE	SENT				+135				<b>_</b>	
* If ti	the difference in co	olumn 1 is l	less than:	zero, enter "0" i	in colum	nn 2	(d)	TOTA	-+		OR OR	+270=	1
		CLAI	MS AS	AMENDED	) - PA	RT II	-		•		) Un	'	
	Teaming	(Colun	ımn 1)	lesz,	(Co	Column 2)	(Column 3)	SM/	ALL	ENTITY	OR .		R THAN L ENTITY
AMENDMENT A			NINING TER	· 大学	NI PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	0	6	Minus	** 7	20	=/6"	x\$11=	=		OR	x\$22=	288.02
AME	Independent	1.5	<u></u>	Minus	***	3	= 2	x41=	_		OR	X82=	This.
	FIRST PRES	SENTATI	ION OF	MULTIPLE	DEPE	ENDENT CL	_AIM	+135=	=		OR	+270=	,
		(Colum	mn_1)		(C	Column 2)	(Column 3)	TOTA ADDIT. FE			OR A	TOTAL ADDIT. FEE	Daul
IENT B	pB.	CLAI REMAI AFTI AMEND	INING TER		HIC NU PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	. 30	1/2	Minus	**	36	=	x\$11=	=		OR	x\$22=	
AMENDMENT	Independent	. 3		Minus	***	5	=	x41=	_		OR	x82=	
_	FIRST PRES	SENTATI	ION OF	MULTIPLE	DEPE	NDENT CL	.AIM	+135=	=		OR	+270=	
		(Colum	mn 1)		(C	Column 2)	(Column 3)	TOTA ADDIT. FE			OR A	TOTAL ADDIT. FEE	
ENT C		CLAII REMAII AFTE AMENDI	IMS INING FER	su passing	HIC NU PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	i	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PM	Total	*		Minus	**		=	x\$11=	=		OR	x\$22=	
AMENDMENT	Independent	*		Minus	***		=	x41=	<u>+</u>		OR	x82=	<u> </u>
	<u> </u>			MULTIPLE (				+135=	<u>-</u> †		OR	+270=	
*** If th	the entry in colum the "Highest Num the "Highest Num ne "Highest Numb	mber Previo	iously Paic iously Paic	ID FOR IN THIS	S SPACE	E is less than 2	20 0040-800 8	TOTA ADDIT. FE	FF	priate box in c	OR A	TOTAL	

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09/053237 RCE

									<u>;</u>		•		
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							R/	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGEA	BLE CLAIMS	32-mir	nus 20=	*		X\$	X\$ 9=		OR.	X\$18=		
INE	DEPENDENT CL	AIMS	6 mi	nus 3 =	•		X	X40=		OR	X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+1:	+135=		1	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II							10	IAL	L	OH	OTHER	THAN	
	1118/01	(Column 1)		(Colur	nn 2)	(Column 3)	SM	SMALL ENTITY			SMALL		
AMENDMENTE	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID		BER DUSLY FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	.32	Minus			=	X\$	9=	, -	OR	X\$18=		
AME	Independent	* 4	Minus *** (		CLAINA			0≕ ″		OR	X80=		
	1.1.01111202	NITATION OF WIL		LINDLINI	CLAIIVI		+13	5=		OR	+270=		
							T ADDIT	OTAL EEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)		166		• .	ADDIT. I EE		
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	. 12	Minus	·· 3	2	= 40	X\$	9=	-	OR	X\$18=	120	
AM	Independent FIRST PRESE	* 15 NTATION OF MI	Minus JLTIPLE DEF	PENDENT	CLAIM	= 9	X4	)= ·		OR	X80=	756	
	<del></del>						+13	5=		OR	+270=		
	/						TO ADDIT	TAL FEE		OR	TOTAL ADDIT. FEE	1416	
_	1	(Column 1) CLAIMS		(Colur		(Column 3)							
AMENDMENT &		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RA <sup>-</sup>	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
UDV	Total	*	Minus	7	2	=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	*** /	5	=	X40	)=		OR	X80=		
	<u> </u>	NTATION OF MU					+13	5=		OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												